

567543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400153413534

05/01/09--01013--005 **35.00

FILED
2009 MAY -1 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CMI-TECH CORP
1000 BRICKELL AVENUE SUITE 920B
MIAMI, FL 33131
305.374.3355**

April 28, 2009

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: DISSOLUTION OF CORPORATION

Document Number S67543 – CMI-TECH CORP

To Whom It May Concern:

The enclosed Articles of Dissolution and fee are submitted for Filing

Please return all correspondence concerning this matter to the following:

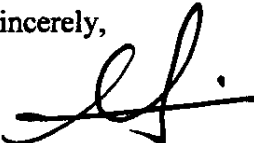
Rosita C. Federico
Phoenix American Technologies
1000 Brickell Avenue
Suite 920B
Miami, FL 33131

For further information concerning this matter, please call:

Rosita Federico at 305.374.3355

Enclosed is a check for the \$35.00 Filing Fee.

Sincerely,



Rosita C. Federico

FILED
2009 MAY - 1 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

CMI-TECH, CORP

SECOND: The document number of the corporation (if known): 567543

THIRD: The date dissolution was authorized: DECEMBER 31, 2008

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Rosita Federico

(Typed or printed name of person signing)

V.P.

(Title of person signing)

FILED
2009 MAY - 1 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35